



FILED _____ ENTERED _____
LODGED _____ RECEIVED _____

Department of the Treasury

AUG 10 2018

CA

Federal Law Enforcement Agencies PROCESS RECEIPT AND RETURN

AT SEATTLE
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY _____ DEPUTY

PLAINTIFF	UNITED STATES OF AMERICA	COURT CASE NUMBER	CR17-191-RSL
DEFENDANT	LOUIS ONG	TYPE OF PROCESS	Final Order of Forfeiture
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE		
AT	Please see below *		
	ADDRESS (Street or RFD, Apartment No., City, State and Zip Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		NUMBER OF PROCESS TO BE SERVED IN THIS CASE	CUSTOMS & BORDER PROTECTION 2018 AUG -9 P 12:42 PP 2 - SEATTLE
MICHELLE JENSEN, AUSA (cjs) United States Attorney's Office 700 Stewart Street, Suite 5220 Seattle, Washington 98101		NUMBER OF PARTIES TO BE SERVED IN THIS CASE	
		CHECK BOX IF SERVICE IS ON USA	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Includes Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service)			
* Per the Final Order of Forfeiture (Dkt. 56), please dispose of the currency listed in Paragraphs 4 through 5 and 7 in accordance with the law: \$11,970 seized from Defendant's rental vehicle; \$11,000 seized from Defendant's safe deposit box; and \$200,000 seized from the Defendant at the time of his arrest. Thank you. CATS Nos. 17-ICE-001320; 17-ICE-001321; 17-ICE-001322			
Signature of Attorney or other Originator requesting service on behalf of		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NO. 206-553-2473; CJS
SIGNATURE AND DATE OF PERSON ACCEPTING PROCESS		DATE 8/7/18	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the total number Of process indicated	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER.
DATE			
I HEREBY CERTIFY AND RETURN THAT I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC NAMED ABOVE.			
NAME & TITLE OF INDIVIDUAL SERVED IF NOT SHOWN ABOVE		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above)		DATE OF SERVICE 8-9-18	TIME OF SERVICE <input type="checkbox"/> AM <input type="checkbox"/> PM
		SIGNATURE, TITLE AND TREASURY AGENCY Lisa A. Ginn, paralegal specialist, U.S. C.D.P.	
REMARKS: Property forfeited and disposed of.			